

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

222608

2001-471-C

## CERTIFICATED COMPANY I

Tri-M Communications, Inc.  
Company Name

TMC Communications  
Dbal/fka

805 965 8620 ext 229  
Telephone #

820 State St. 5th Floor  
Mailing Address

Santa Barbara CA 93101  
City, State, Zip Code

820 State St. 5th Floor  
Business Location

Santa Barbara CA 93101  
City, State, Zip Code

Santa Barbara  
County

## REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company

Mailing Address: 1703 Laurel St.

City, State, Zip Code: Columbia, South Carolina 29201

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.

**General Manager** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

B.

**Customer Relations /Complaints Representative** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C1.

**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2.

**Customer Contact (Toll Free Number)**

D.

**Engineering Operations** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

E.

**Test and Repair** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

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PSC SC  
CLERK'S OFFICE

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Mark Lamma, CSI 740 Florida Central Parkway, Suite 2028  
Regulatory Officer (Include address if different than above.) Longwood, Florida 32750

Telephone Number

Facsimile Number

E-mail Address

Mark@CSILongwood.com

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Universal Service Fund Mailings (Name)

Same as Regulatory officer "Mark Lamma, CSI"

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Same as Regulatory officer

Gross Receipts Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

This form was completed by (print name)

Signature

Title

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Docketing Department  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)